



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E429315**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-001352	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
06 - 01 - 2015		1457	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>
N DAVIES RD	9300	

DISTANCE	OF (REFERENCE OR CROSS STREET)
50 00 MILES FEET <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	VERNON RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253785080
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LAST NAME	HOOD	FIRST NAME	MICHAEL	MIDDLE INITIAL	D
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STREET NEW ADDRESS	10215 LUNDEEN PKWY APT D
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HOOD*MD103M0	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07 - 20 - 1990
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	APR3315	STATE	WA	VIN#	1J4GZ58Y5SC679657
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1995	MAKE	JEEP	MODEL	JPCH	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOHN HOOD 2507 116TH AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # ALLSTATE 917722790	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252804348
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LAST NAME	BARNES	FIRST NAME	SCOTT	MIDDLE INITIAL	R
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STREET NEW ADDRESS	2405 121ST DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589598
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BARNESR275QA	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11 - 01 - 1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	AHC4215	STATE	WA	VIN#	JHMEG8556PS010758
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1993	MAKE	HOND	MODEL	CIV4D	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SCOTT BARNES 7516 83RD PL NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # STATE FARM 3521028C08471	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E429315**

CASE # **15-001352**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		BARNES REBECCA B																
ADDRESS & PHONE # 2405 121ST DR NE LAKE STEVENS WA 982589598 4252804348										SEX F	D.O.B. MMDDYYYY 02	-	08	-	2003			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was driving west on N Davies Rd. Unit 2 was in front of Unit 1 driving west on N Davies Rd. Driver of Unit 1 said his foot slipped off the brake and he hit the rear end of Unit 2.

Both Unit's were driven from the scene and the driver of Unit 2 said his neck was sore. Driver of Unit 2 refused medical at this time.

Unit 1 was at fault due to following too close.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-01-15 04:55 PM

DATED

PLACE SIGNED

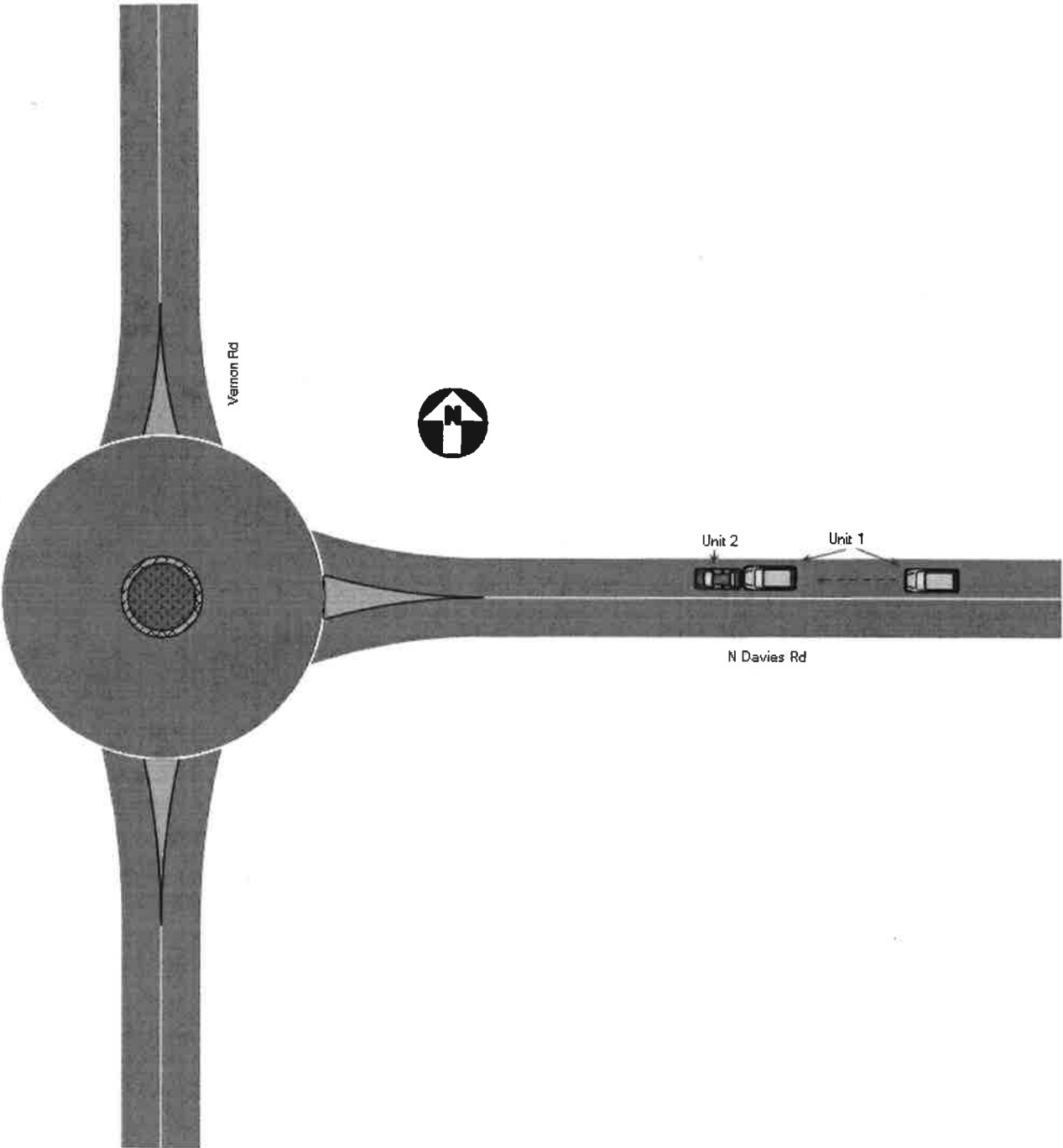
APPROVED BY

RON BROOKS 013

DATE

6/2/2015 3:19:36 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	2:58 PM	TIME POLICE ARRIVED	3:00 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-001352

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Barnes Scott Ryan	RACE W	ETH	SEX M	DOB 11-1-73	AGE 41	HGT 6'3"	WGT 250	HAIR b	EYES Hazel
STREET ADDRESS 7516 83rd Pl NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE		CELL PHONE 425-280-4348			PLACE OF EMPLOYMENT Marvel Marble					
WORK PHONE 425-778-1400		EMAIL ADDRESS highlakescott@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving on N. Davies road towards the roundabout when I was hit from behind by Michael Mood

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-1-15	LOCATION SIGNED
OFFICER/NUMBER: SKILROY / 132	DATE SIGNED 6-1-15	LOCATION SIGNED 425

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-001352


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hood, Michael D.	RACE M	ETH W	SEX M	DOB 07/20/90	AGE 24	HGT 6'2"	WGT 175	HAIR B	EYES B
STREET ADDRESS 10218 Lundeen PKwy DZ		CITY Lake Stevens		STATE WA		ZIP 98158		RES. STATUS		
HOME PHONE WA		CELL PHONE 425-328-5080		PLACE OF EMPLOYMENT Columbia Dist						
WORK PHONE 425-328-5080		EMAIL ADDRESS Dane.Hood								

I, Michael Hood, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

My Foot slipped off the pedal and I rear ended Scott and we pulled to the side of the road and called the police.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/1/15	LOCATION SIGNED
OFFICER/NUMBER: KILROY / 132	DATE SIGNED 6-1-15	LOCATION SIGNED LKS

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PAGE 1 OF 1

Incident History for: #SS15010639 Xref: #AG15001578

Case Numbers: \$SS15001352

Entered 06/01/15 14:57:34 BY SPDF24 SP0152
Dispatched 06/01/15 14:58:39 BY SPDP17 ROGER
Enroute 06/01/15 14:58:39
Onscene 06/01/15 15:00:53
Closed 06/01/15 15:21:19

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 701 FRONTAGE RD ,LKS -- FRONTIER VILLAGE ,LKS btwn 4 ST NE & N DAVIES RD (V)

Loc Info:

Name: INVOLVED/MICHAEL HOOD Addr: Phone: 4253285080

/1457 (SP0152) ENTRY , 2 VEHS, INJ' S, NON BLKING-ONE PT CO HEAD PX CABN
/1457 CROSS #AG15001578
/1458 (ROGER) AGCADV , 19S13
/1458 DISPER 19S13 #SS95 MINER, SGT (ROBERT)
/1458 ASSTER 19D3 #SS132 KILROY, OFFICER (JOSH)
/1458 (SP0152) SUPP NAM: INVOLVED/MICHAEL HOOD,
PHO: 4253285080,
TXT: RED HONDA VS GRY JEEP CHEROKEE -PULLED INTO
PKLOT NEAR FRONTIER VILLAGE VET CLINIC
/1500 (ROGER) ASSTER 19D2 [701 FRONTAGE RD , LKS]
#SS131 WELLS, OFCR (CHAD)
/1500 ONSCNE 19D3
/1503 ONSCNE 19S13
/1505 (*****) REMINQ 19S13 APR3315
/1505 (ROGER) REMINQ 19S13 LIC, 19S13, APR3315, , ,
/1507 (*****) REMINQ 19S13 AHC4215
/1507 (ROGER) REMINQ 19S13 LIC, 19S13, AHC4215, , ,
/1512 ASNCAS 19D3 \$SS15001352
/1514 CLEAR 19S13 , NO INJURIES - 19D3 WILL HANDLE
/1521 CLEAR 19D3 D/H
/1521 CLEAR 19D2 D/H
/1521 CLOSE 19D2